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CHILDREN • COMMUNICATION • COLLABORATION

Membership

Committee Chairs: *Phyllis Mistretta*
Sue Stapleford

PTA MEMBERSHIP FORM 2009 – 2010

Please indicate level of membership:

\$10 individual membership _____

\$15 family membership _____

PTA Membership Info:

Last Name _____

Parent(s) First Name(s) _____

Phone (h) _____ (Other) _____

Address _____

Email _____

Child's Name

School Attending 2009 - 2010

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please mail this form and check payable to **Garden City PTA** to:

Phyllis Mistretta 165 Meadow Street, Garden City NY 11530

DUES MUST BE RECEIVED BY SEPTEMBER 15TH IN ORDER TO BE INCLUDED IN RAFFLE DRAWING